



COUNTY OF LOS ANGELES DEPARTMENT OF CONSUMER AFFAIRS

500 West Temple Street, Room B-96
Los Angeles, CA 90012-2706
(213) 974-9740
(213) 687-0322 Fax
<http://dca.lacounty.gov>

VOLUNTEER/INTERN APPLICATION

(Please Print)

PERSONAL INFORMATION

Name: _____ Phone: _____
(Last) (First)

Address: _____
(Number) (Street) (City) (Zip Code)

Birthdate: _____ CA Drivers License #: _____ Expiration Date ____/____/____

E-mail: _____

EDUCATION (Check the highest grade completed)

High School 9 10 11 12 GED College 1 2 3 4

WORK EXPERIENCE – CURRENT/PREVIOUS (Attach resume if available)

Employer's Name Address & Telephone	Job Title & Duties	Dates: From & To

SPECIALIZED EXPERIENCE

Check any special skills or experiences that apply.

Customer service	Training	Counseling
Public speaking	Public relations	Marketing
Writing	Journalism	Clerical
Research	Investigating	Legal
Website Management	Translation	
Computer Skills/Software Programs:		
Language(s) Spoken:		

GENERAL INFORMATION

Please list previous or current volunteer work.

How did you hear about the Department of Consumer Affairs Volunteer/Internship Program?

If you could choose your volunteer/internship assignment what would it be? (Check all that apply)

Consumer Counseling	Special project research	Legal Research
Community Outreach	Casework	Training
Marketing/public relations	Investigations	Computer
Clerical office support	Translating	

Please list the most convenient days and times for you to volunteer.

